

Treasurer a signature (in ink)

Form CPF M 102: Campaign Finance Report

ELECTION DEPT. SOMERVILLE, MA

Date

Municipal Form
Office of Campaign and Political Finance of Massachusetis File with: 7017 IAN 19 D 12: 50 City

		Cear Month Date Year CII Ending DECEMBER 31 2011
Office Sought and District Name of Committee Treasurer Some Ruille Committee Mailing Address Committee Mailing Address Committee Mailing Address Tel. No. (optional) Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) Substanting Televalue Name of Committee Treasurer Name		on □30 day after election ⊠year-end report □dissolution
Office Sought and District Name of Committee Treasurer Office Sought and Committee Treasurer Office Sou	JOSEPH P. Lynch IR.	COMMITTEE TO ELECT JOE LYNCH
Office Sought and District // HEWOERS on ST. SomeRville Residential Address Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 7: Total (all) outstanding liabilities (page 4) Name of Committee Treasurer 28 PANA ST. SomeRville 29 PANA ST. SomeRville 20 PANA ST. SomeRville 20 PANA ST. SomeRville 20 PANA ST. SomeRville 20 PANA ST. SomeRville 2		·
Residential Address (177-623-0891 Tel. No. (optional) SUMMARY BALANCE INFORMATION: Line 1: Ending balance from previous report Line 2: Total receipts this period (page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 3, line 14) Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 4) Line 7: Total (all) outstanding liabilities (page 4) SomeRuille Committee Mailing Address Committee Mailing Address Committee Mailing Address Line 1: SomeRuille Committee Mailing Address Line 3. Subtotal (page 2, line 11) SomeRuille Committee Mailing Address Line 3. Line 4. SomeRuille Committee Mailing Address Line 4. SomeRuille Committee Mailing Address Line 5. Line 6. No. (optional)		MARY T. BUCKLEY
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agente Marian to the graph of the energial control of the control	Line 7: Total (all) outstanding liab	
	Line 7: Total (all) outstanding liab	

FOR CANDIDATE FILINGS ONLY: (CANDIDATE MUST SIGN BELOW)

Signed under the penalties of perjury:

Affidavit of Candidate: (check 1 box only)	
☑ Candidate with Committee and no activity independent of the c	
I certify that I have examined this report including attached schedule	s and it is, to the best of my knowledge and belief, a true and complete statement of all
	or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I
have not received any contributions, incurred any liabilities nor made a	my expenditures on my behalf during this reporting period.
☐ Candidate without Committee OR Candidate with independent	
I certify that I have examined this report including attached schedules	s and it is, to the best of my knowledge and belief, a true and complete statement of all
	penditures, disbursements, in-kind contributions and liabilities for this reporting period
and represents the campaign finance activity of all persons acting unc	ler the authority or on behalf of this committee in accordance with the requirements of
M.G.L. c. 55. Signed under the p	enalties of perjury:
and represents the campaign finance activity of all persons acting und M.G.L. c. 55.	$1-P_1-1$
Candidate signature (in ink)	Date

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received	Name and Residential Address	Am	ount	Occupation & Employer (for contributions of \$200 or more)
		<u>.</u>		
			- 1 - - 1 - 1	
	otal receipts in excess of \$50 (or listed above)	-о		
Line 10: T	otal receipts \$50 and under* (not listed above)	-0		
Line 11: T	OTAL RECEIPTS IN THE PERIOD	0	_	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amo	ount
			The second secon		
					- <u>-</u> -
			xpenditures over \$50	a-	
_	iter on page 1, line 4	· · · · · · · · · · · · · · · · · · ·	xpenditures \$50 and under* OTAL EXPENDITURES	<u>-a-</u>	_

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added

together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		· ·		
				·
				-
· . · · · · · · · · · · · · · · · · · ·				
		Line 15	: In-kind over \$50	-0-
			: In-kind \$50 and under	-0 -
	Enter on page 1, line 6	Line 17	: Total In-kind	-0-

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
4-1-07 to 9-17-07	JOSEPH P. Lywch, IR	10 HENDERSON ST. SOMERVILLE	KICKOFF SUPPLIES	598.13
	ZOSEBHP. LYNCH, ZR.	10 HENDERSON ST. SOMERULLE	KICKOFF SUPPLIES	232.08
10-21-07	a bina de	10 HENDERSON ST. SOMERVILLE	PHONE, POSTAGE SUPPLIES	326.88
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	1.157.09

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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